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### Interview with Dr. Matthew Pravetz

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# Interview with Dr. Matthew Pravetz

Q&S Managing Editors

*We chose to interview Dr. Matthew Pravetz because we wanted to peek into the mind of the individual who has played an integral role in the education of every medical student who has passed through the doors of NYMC since 1982. The path he took to become a professor of future medical professionals was non-traditional, and because of his training both as a scientist and as a friar, Dr. Pravetz teaches the science of both anatomy and human empathy. We were touched by the vignettes that Dr. Pravetz shared with us during his interview, and we are excited to share with you his words of wisdom and his advice to the future generation of physicians. We hope that you will find a similar inspiration in his words.*

**Managing Editor (ME):** Did you ever consider studying a subject outside of anatomy or a career outside of science or academia?

**Dr. Pravetz (P):** It's very interesting. From the very beginning, in my senior year in high school, I wanted to teach gross anatomy in medical school. When I was in undergraduate school, I wanted to be an anatomist. It goes all the way back to undergraduate school, when I studied comparative anatomy.

**ME:** That takes a lot of planning and foresight.

**P:** Yes, and my classmates thought that it was weird. They asked, "gross anatomy, what is that?" I first learned about it from a brochure that I got at a career day in high school. I looked at it and thought, "Wow, that is very interesting," and I put it in the back of my head and went to college. Then in college, I decided that was what I wanted to do.

**ME:** Did you have a family member that was in the medical field?

**P:** No. I'm the first member of my family to go to college, and up to that point I was one of the few members of my family to graduate from high school. It was really uncharted territory.

I also had this other idea, in the meantime, to become a priest. In the middle of my studies, I entered the Franciscan Order. After I finished my training with the Order, I went back to studying because I wanted to be in academics, and I have been in academics since the very beginning. I am a parish priest too, but I am primarily in academics. This is my 50th year teaching.

**ME:** That's amazing. Congratulations!

**P:** When I used to hear people say that they have been teaching for 25 years, I thought to myself, "They're so old!" And now all of the sudden, here I am. But, I thoroughly enjoy it.

**ME:** What made you interested in pursuing a career in academics?

**P:** I have always been drawn to academics—to teaching. I have always wanted to teach medical doctors, so the training program in the Anatomy Department here at NYMC seemed like the perfect mix, and it has been wonderful.

The NYMC Graduate School no longer has the Clinical Anatomy program that I was enrolled in, but at the time, I took medical school courses. Subsequently, I did research and a dissertation. The college provided a terrific background for my career in Clinical Gross Anatomy.

**ME:** Was there a specific reason for why you wanted to teach medical students?

**P:** I was interested in training people for a profession—a good and noble profession. For me, teaching gross anatomy allows me to have an impact on more people, by way of my students, than I could have if I were a clinician.

**ME:** Besides being the anatomy course director, what other work are you involved in at NYMC, Westchester, or our other affiliate hospitals?

**P:** I participate in the programs of all three NYMC schools. I am on many, many committees in the University. The administrative aspect really takes up a lot of my time.

I work with medical and physical therapy students and residents in programs with surgical subspecialties. I used to go to the hospitals to teach residents, but now with our expanded facilities, the residents come here on their didactic day. I also oversee some morbidity and mortality conferences.

**ME:** How do you prioritize different goals and projects from these different responsibilities?

**P:** It's difficult because so many things have the number one slot. I always say that my primary responsibility is to the students whom I am teaching, and the other responsibilities fall into place. If any of the committee work were to distract me from that, I would remove myself from that committee.



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My primary responsibility is to shepherd medical students through the course that they are working on and to help them move to the next level.

**ME:** *As the anatomy course director, you are intimately involved in the bequeathal program. Can you tell us a little bit more about this process?*

**P:** It's very interesting; we are probably the first medical school to have a Convocation of Thanks program in the United States. This year we are in our 26th year, and we are involving the family members more and more in the process. Because of the Convocation of Thanks, people learn about us. It's all by word-of-mouth. In addition, the Convocation has received much space in the press.

People have asked me to come to address small groups in the tri-state area. I don't solicit [their attention]; the program has just blossomed over the years.

**ME:** *You have been able to speak to many of those who have decided to donate to the bequeathal program. What are some of their reasons for wanting to be a part of the program?*

**P:** First of all they are very generous. They are people who think of more than just themselves. Many of the people whom I have spoken with come here to the school. We chat over a cup of coffee because they want to see the medical students.

As soon as they see the medical students, they say, "This is perfect." Before coming here, they don't know what kind of person a medical student is. When students walk by, they are so friendly to me and to everyone else. They say hello to the people who are visiting, and the visitors say, "These are going to be wonderful doctors. I want to help to teach them." That's how it works. They do have a kernel of generosity to begin with and could do all sorts of other things but they really feel strongly about the bequeathal. At the beginning, it might be tough for family members when someone says, "I want to donate my body." But when the family members come to the Convocation years later, they say that it is the best thing their loved one has ever done. It's humbling.

**ME:** *You are in charge of coordinating the Convocation of Thanks every year. What do you find is most rewarding about this event? How do you help families cope?*

**P:** For me, the most rewarding aspect of the Convocation of Thanks is for me to be in the background and watch this group of medical students transform. The group is different from the initial one on the boat cruise. It's not a surprise because I know that it will happen, but it's just so overwhelming to see the transformation that takes place.

The convocation falls at the end of the student's first year. By then, you can see how the students have become more articulate and assured. It's interesting, when family members

are having a hard time at the ceremony, the students are the ones who talk to the family members. I don't do anything. I encourage students to talk to those who seem to be struggling, and you can see the wagons get circled around. The family members actually share with the students, and the students have a lot of experience, after having taken Behavioral Science, on how to support people who are mourning. It's mostly listening. You don't have to say very much; you just have to ask the right question. It is the students who have taken charge of the whole process. It is the students' convocation, not mine.

**"...the most rewarding aspect...is for me to be in the background and to watch the group of medical students be transformed."**

**ME:** *You are the course director for one of the very first courses that medical students take at NYMC, can you tell us a little more about your experience with that? Is it a lot of pressure?*

**P:** Students are nervous at the beginning, but they don't know how nervous I am! It's such a huge responsibility. Maybe I've put it on myself, but it's there. It's nerve-racking for anybody who is taking on a group of neophytes, who are enthusiastic and bright-eyed, but uninformed. However, as long as you get the first step right, everything will follow in its place.

I plan and plot my lessons. I look for the best analogy so that people will not have a rocky start, be disappointed, or be overwhelmed. Yet at the same time, I want them to be challenged. For me, that's the part of education that I like. It's scary and challenging, but these things keep my adrenaline going.

Some people ask me, "Do you get tired of doing the same-old, same-old, explaining the spleen or showing where the gallbladder is?" That has nothing to do with it; that is boring. The learning process is what excites me. When people suddenly say, "Ah, I got it." That puts the "D" in my day.

**ME:** *You are also involved in the Ethics in Medicine curriculum, how do you imagine this course evolving in the future?*

**P:** The ethics curriculum started out as a coffee table session, once a week. It was pick-up, like pick-up basketball. There was no one in particular who was leading it. We would have little discussions literally in the cafeteria. This was before there was any such thing as an ethics curriculum. It evolved to become more over the years. The Liaison Committee on Medical Education (LCME), the licensing commission, sees that it is necessary for students to be aware of ethical thinking.

Medical education is becoming very challenging because there are so many things that are necessary for students, such as a humanities component. They are not just there to do physical things with people; there are other elements to becoming a healthcare professional.

**ME:** *What do you hope students take away from the Ethics in Medicine course?*

**P:** The most important thing would be to understand that



some questions have no specific answer. The student has to be able to figure that out. Most people with a science background are looking for *the* answer, and when you are looking at ethics, there isn't one. There are so many different parameters involved. Most medical students are not comfortable with living in that gray zone.

**ME:** *What would you say is your most memorable teaching experience?*

**P:** Teachers have to deal with occasional surprises. My most memorable teaching experience came as a complete surprise. It was the day after the horrendous 9/11 tragedy. I had not been using PowerPoint presentations yet, so the lights were on and I looked directly into the faces of 196 deeply concerned people. "I'll just carry on, business as usual," I thought. As soon as I opened my mouth, I began instead with some of my thoughts on why, at times like these, society has high expectations of us, as professionals, to maintain focus and to continue under duress. The surprise was that I have no idea where the words came from; it was certainly not in my "script" for that lesson. As I continued for perhaps ten more minutes, I started to realize that I have never, ever had such rapt attention; it was unsettling. What was so memorable was what came after I finished—dead silence. Everyone was still holding me in their sight. I could hear sounds of sniffing and choked tears. I'll never forget that moment. It was a complete surprise.

**ME:** *Do you remember your greatest teaching achievement or something that you have been very proud of in your teaching experience?*

**P:** Of course pride is not a virtue, but I get annual twinges of it once a year on Match Day. I vicariously feel pride for being part of the learning process of these newly minted doctors. It doesn't get better than that.

**ME:** *If you could give one piece of advice to all of your students who are on the path to becoming a physician, what would it be?*

**P:** There are three things. The first is that it is really a privilege for all of you to be a medical student. Even on the worst day, it is a privilege. I think you have to remind yourself of the privileges you have. Many other people—and society in general—have pulled together to allow you the opportunity to practice this noble profession. Most of the time we are just thinking about end diastolic volume and all of that, but what a privilege to be able to do that! Most people in the world couldn't even begin to do that.

The second thing: recall how at the very beginning of medical school you packed away your ego in mothballs. You are eventually going to pick up that ego again. The thing is, I suspect that you are going to find that the ego is different. Just keep an eye on yourself and remember who you are now.

Third, when you actually get to practice medicine, you have to remind yourself to take the time to look the patient deep in the eyes and look deep into their heart—every patient. Never, ever have an experience where you don't look that person in the eye. That takes practice.

**ME:** *Often, in the midst of studying for basic science courses, we can lose sight of our final goal: being a patient advocate. Is there something you recommend medical students do in order to put our educational journey into perspective?*

**P:** You are going to have so many mentors along the way. You don't have to be a tail on their kite, but observe and learn from some of the things that they do—I think that would be the best thing. You have to be able to put the right lenses in your eyes to find people who are really virtuous, good, heroic, and empathic—the whole nine yards. You have seen them and you know who they are already. I don't think that there is any single person, but look at the broad spectrum for different styles.

**ME:** *Has being in the Franciscan Order helped you become a better teacher? How have you felt that side of your life influence your teaching and academic career?*

**P:** It has been helpful because as part of my training we were taught that you must, as Pope Francis says, "Smell like the flock." You can't be above everybody else. In my training we learned skills by practicing in the marketplace, so to speak, with people. We were taught to interact, to try to understand, and to get to know people wherever they are.

If nothing else, it taught me to be humble in the presence of students from the get-go, because we were trained never to feel superior to students. Never. Sometimes it is difficult to swallow, but that is the challenge, to approach teaching with simplicity and humility.

**ME:** *Going along with that, is there any one particular lesson that you learned from a student?*

Years ago, I received some "sage advice" from a teaching mentor who told me not to smile until Christmas. "That way you'll get their respect," he said. And so I was very serious, no nonsense in my approach. In the anatomy laboratory, you don't have to eavesdrop to hear conversations at the neighboring table, and sometimes the conversation can be very humorous. Many years ago, while I was working at a particular table, I overheard a story by a student. I couldn't help myself; I laughed so hard. In turn, that very student turned to me and said that he had never heard me laugh out loud. For me, that was a well-learned lesson from a student.

**ME:** *In what other ways do you feel that your role in science is related to your role in religion?*

**P:** They are very related. Of course, I look at creation through

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the eyes of my faith. There are certain things for which there are no answers, and yet I believe, because of my faith. There are certain things that can be answered, the scientific. It has never been difficult for me. People have often asked me, “Is there a conflict?” There is not, because there are certain things that I just know can’t be answered. People ask me about evolution—that’s a big one. I’ve been an evolutionist from the very beginning. It doesn’t contradict any of the teachings.

***ME:** Thank you Dr. Pravetz for taking the time to speak with us and to share about your experiences at NYMC.*